PTO/SB/06 (08-03)

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| PATENT APPLICATION FEE DETERMINATION RECORD  |  |   |                         |                    |                        |  | s if displays a valid OMB control number |                   |  |
|--|--|---|-------------------------|--------------------|------------------------|--|--|-------------------|--|
| Substitute for Form PTO-875  |  |   |                         |                    |                        | Application or Docket Number 09/842214 |  |                   |  |
| CLAIMS AS FILED - PART I (Cotumn 1) (Column 2)   |  |   | Column 2)               | SMALI              | SMALL ENTITY           |  | OTHER THAN<br>SMALL ENTITY               |                   |  |
| FOR NUMBER FILED   |  | NUMBER EXTRA                                |                         | RATE               | FEE                    | 7                                      |  | T                 |  |
| (37 CFR 1.15(a))   |  |   |                         |                    |                        | 1                                      | RATE                                     | FEE               |  |
| 107 AL CLAIMS<br>(37 CFR 1.18(c)) 3 minus 20   |  | 20  | .3                      | 1                  | 15-                    | OR                                     | 20                                       | 3_//0             |  |
| INDEPENDENT CLASS  | 7                                      |   | <del>~</del>            | X \$               | <del></del>            | OR                                     | x s \$6.                                 | 59                |  |
| Aut Trong agents   |  |   |                         | X\$•               | <del> </del>           | OR                                     | x 1 50 -                                 | 320               |  |
|  |  |   |                         | +3                 |                        | OR                                     | +3                                       |                   |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.  |  |   |                         | TOTAL              | L                      | OR                                     | TOTAL                                    | 1084              |  |
| 3  | IS AS AMENDE                           | D - PART II                                 |                         |                    |                        |  |  |                   |  |
| 7-12-04 (Column 1)   |  | · (Column 2)                                | (Column 3) SMALL ENTITY |                    | ENTITY                 | OR                                     | OTHER                                    | THAN              |  |
| L AM   | CLAINS<br>IMAINING<br>AFTER<br>ENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA        | RATE               | ADDI-<br>TIONAL<br>FEE |  | RATE                                     | . ADDI-<br>TIONAL |  |
| O (JI (JER 1.75(c))  | 23 Minus                               | 23  | . 0                     | X1 =               | 1                      |  |  | FEE               |  |
| (% ces install   | 9 Minus                                | 7   | . 0                     | x s                |                        | OR                                     | X 5=                                     |                   |  |
| FIRST PRESENTATION OF MALIBRE DEPENDENT CLAIM (37 CFR 1.16(d))   |  |   |                         |                    |                        | OR                                     | ×:                                       | ·                 |  |
| (2.2.2.2.4.4)  |  |   |                         | TOTAL              |                        | OR                                     | +; :                                     |                   |  |
|  | •                                      |   |                         | ADD'L FEE          |                        | OR                                     | ADD'L FEE                                |                   |  |
|  | LAIMS                                  | (Column 2)<br>HIGHEST                       | (Column 3)              |                    |                        | _                                      |  |                   |  |
| 5 8/16/AU REA  | MAINING<br>PTER<br>NOMENT              | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA        | RATE               | ADDI-<br>TIONAL<br>FEE |  | RATE                                     | ADDI-<br>TIONAL   |  |
| Z independent  | ant                                    |   | •                       | ×sa.               |                        | OR                                     | xs .                                     | FEE               |  |
| (F CFR (,16(0)))   | D Chi                                  | iner  | 10                      | Lain               | احد                    |  | X 5 =                                    |                   |  |
| FERST PRESENTATION OF LEALTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))   |  |   |                         | +5                 |                        |  |  |                   |  |
|  |  |   |                         | TOTAL<br>ADD'L FEE |                        |  | TOTAL                                    |                   |  |
| 12/22/04 (Column 1) (Column 2) (Column 3)  |  |   |                         | L                  |                        | OR /                                   | ADD'T FEE                                |                   |  |
| O REM  | AIMS<br>AIMING<br>TER                  | HIGHEST<br>NUMBER<br>PREVIOUSLY             | PRESENT<br>EXTRA        | RATE               | ADDI-<br>TIONAL        | Γ                                      | RATE                                     | ·ADDi-            |  |
| Total Total (37 cfst 1,18(e))  Inospendent (37 cfst 1,18(p))  Total (37 cfst 1,18(p))  Total (37 cfst 1,18(p))  Total (37 cfst 1,18(p))                                      | DMENT Minus                            | PAID FOR                                    | +                       | <del> </del>       | FEE                    | -                                      |  | TIONAL<br>FEE     |  |
| Z Independent  | Minus                                  |   | +                       | X 8 =              |                        | OR X                                   | <u> </u>                                 |                   |  |
| FIRST PRESENTATION OF  | ×                                      |   | OR X                    | 5                  |                        |  |  |                   |  |
| FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.16(d))  |  |   |                         |                    |                        |  | S -                                      |                   |  |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Peid For" in THIS SPACE is less than 20, enter "20". |  |   |                         |                    |                        |  |  |                   |  |
| "If the "Highest Number Pro  | COVIDUSTY PRIOR FOR I                  | N THIS SPACE IS                             | iess than 20, onto      | er *20*.<br>*3*.   |                        |  |  |                   |  |

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or rotain a benefit by the public which is to tide (and by the USFYO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFYO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1459.